CLAIMS ONLY	Application Number	Filing Date
	09/218,660	
	Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED 9-25-05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						

CLAIMS ONLY		Application Number OG/28660	Filing Date
		Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED Q·28·0		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
101							151						
102							152						
103							153						
104							154						
105							155						
106							156						
107							157						
108							158						
109							159						
110							160						
111							161						
112							162						
113							163						
114							164						
115							165						
116							166						
117							167						
118							168						
119							169						
120							170						
121							171						
122							172						
123							173						
124							174						
125							175						
126							176						
127							177						
128							178						
129							179						
130							180						
131							181						
132							182						
133							183						
134							184						
135							185						
136							186						
137							187						
138							188						
139							189						
140							190						
141							191						
142							192						
143							193						
144							194						
145							195						
146							196						
147							197						
148							198						
149							199						
150							200						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						

CLAIMS ONLY		Application Number 09/218660	Filing Date
		Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED 6.28.05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
201							251						
202							252						
203							253						
204							254						
205							255						
206							256						
207							257						
208							258						
209							259						
210							260						
211							261						
212							262						
213							263						
214							264						
215							265						
216							266						
217							267						
218							268						
219							269						
220							270						
221							271						
222							272						
223							273						
224							274						
225							275						
226							276						
227							277						
228							278						
229							279						
230							280						
231							281						
232							282						
233							283						
234							284						
235							285						
236							286						
237							287						
238							288						
239							289						
240							290						
241							291						
242							292						
243							293						
244							294						
245							295						
246							296						
247							297						
248							298						
249							299						
250							300						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						

CLAIMS ONLY			Application Number	Filing Date
			O9 218660	
			Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED 9-28-05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		CLAIMS						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
301							351						
302							352						
303							353						
304							354						
305							355						
306							356						
307							357						
308							358						
309							359						
310							360						
311							361						
312							362						
313							363						
314							364						
315							365						
316							366						
317							367						
318							368						
319							369						
320							370						
321							371						
322							372						
323							373						
324							374						
325							375						
326							376						
327							377						
328							378						
329							379						
330							380						
331							381						
332							382						
333							383						
334							384						
335							385						
336							386						
337							387						
338							388						
339							389						
340							390						
341							391						
342							392						
343							393						
344							394						
345							395						
346							396						
347							397						
348							398						
349							399						
350							400						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						

CLAIMS ONLY			Application Number 07/218660	Filing Date
			Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED 9-28-05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
401							451						
402							452						
403							453						
404							454						
405							455						
406							456						
407							457						
408							458						
409							459						
410							460						
411							461						
412							462						
413							463						
414							464						
415							465						
416							466						
417							467						
418							468						
419							469						
420							470						
421							471						
422							472						
423							473						
424							474						
425							475						
426							476						
427							477						
428							478						
429							479						
430							480						
431							481						
432							482						
433							483						
434							484						
435							485						
436							486						
437							487						
438							488						
439							489						
440							490						
441							491						
442							492						
443							493						
444							494						
445							495						
446							496						
447							497						
448							498						
449							499						
450							500						
Total Indep	3						Total Indep						
Total Depend	20						Total Depend						
Total Claims	23						Total Claims						